Law Offices Of FRASER MARTIN BUCHANAN MILLER LLC

Donald R. Fraser Richard G. Martin J. Matthew Buchanan* J. Douglas Miller

*Admitted in Michigan Only

132 West Second Street Perrysburg, Ohio 43551-1401 Telephone: (419) 874-1100 Facsimile: (419) 874-1130

e-mail: fraser@fmbmlaw.com

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PTO/SB/122 (09-04) Approved for use through 07/31/2006. OMB 0651-0035 U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE.

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10/780,494

Filing Date February 17, 2004 CORRESPONDENCE ADDRESS First Named Inventor L. Robert Deardurff Application **Art Unit** Address to: Commissioner for Patents Examiner Name P.O. Box 1450 **Attorney Docket Number** 1-37235 Alexandria, VA 22313-1450 Please change the Correspondence Address for the above-identified application to: The address associated with 43935 Customer Number: OR Firm or Individual Name Address ZIP City State Country 419-874-1100 Fax 419-874-1130 Telephone This form cannot be used to change the data associated with a Customer Number. To change the data associated with an existing Customer Number use "Request for Customer Number Data Change" (PTO/SB/124). I am the: Applicant/Inventor. Assignee of record of the entire interest. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). Attorney or Agent of record. Registration Number 17,919 Registered practitioner named in the application transmittal letter in an application without an executed oath or declaration. See 37 CFR 1.33(a)(1). Registration Number Signature

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